

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90026 037 ****70.00

DOCUMENT # N28556

1. Entity Name

**THE LAKE HILL CEMETERY IMPROVEMENT
ASSOCIATION**



Principal Place of Business

5950 OLD WINTER GARDEN
ORLANDO FL 32835

Mailing Address

P O BOX 616216
ORLANDO FL 32861-6216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P. O. Box 616370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32861-6370

USA

4. FEI Number

90-0162877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMICHEN, DOROTHY J
1500 EAST CONCORD STREET
ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SHEDD, EDDIE**
CITY-ST-ZIP **113 SOUTH HART BLVD
ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SHEDD, MICKEY**
CITY-ST-ZIP **4279 PENINSULA POINT
SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARVIN, WAYNE**
CITY-ST-ZIP **7635 CLARCONA OCOEE RD.
ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KENDRICK, SANDRA**
CITY-ST-ZIP **5920 INDIAN HILL ROAD
ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MC MICHEN, ISLA C**
CITY-ST-ZIP **928 AMERICAN BEAUTY ST
ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATRICK, GEORGE**
CITY-ST-ZIP **4401 FORELAND PLACE
ORLANDO FL 32812**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Isla C. McMichen Isla C. McMichen Treasurer 4/28/2008